

Pre-Payment Audit of Prolonged Service E&M Codes

December 8, 2016

The New York State Medicare Part B contractor, NGS Medicare, has been performing a complex medical review of add-on services related to evaluation and management codes. The Medicare carrier has been conducting a review over the past year of any prolonged service add-on code appended to an E&M. Since the probe has started, a very high number of these claims (greater than 80%) have been denied because the providers billing these encounters are not meeting the criteria to substantiate the add-on service. When the supplemental service is billed, the critical points that the Medicare contractor will focus on as part of the review are:

- ⇒ Documentation gives insufficient detail about how the encounter goes beyond the scope of the E&M code billed
- ⇒ Testing was incorrectly included with the time component of the base E&M code
- ⇒ E&M codes 99201-99233 are not being billed with the add-on code

A complete list of the statistics and reasons claims were denied can be reviewed on the NGS website through the following link:

<https://www.ngsmedicare.com/ngs/poc/ngsmedicare?1dmy&urile=wcm%3apath%3a%2FNGS MedicareContentNEW%2FNGS MedicareNEW%2FCompliance%2Band%2BAudits%2FMedical%2BReview%2FMedical%2BReview%2BFocus%2BAreas%2BSupporting%2FPrepayment%2BReview%2BResults-CPT%2BCodes%2B99354-99357%2Bfor%2BApril-June%2B2016&LOB=Part%20A&LOC=New%20York&ngsLOC=New%20York&ngsLOB=Part%20A&jurisdiction=Jurisdiction%20K>